



Dear Applicant,

Thank you for contacting Ferland Property Management to request an application for subsidized housing. Enclosed, please find the following forms that you will need to complete:

- ✓ **Subsidized & LIHTC Housing Rental Application** - Applicable to the following sites only: **COATS MANOR, HAGAN MANOR & PARKWAY TOWERS**
- ✓ **LIHTC Program Student Status Affidavit**
- ✓ **Applicant Consent to Tenant Screening**
- ✓ **Supplement to Application for Federally Assisted Housing (HUD form 92006)**
- ✓ **RI Attorney General Release Form** (required only for those applicants that are elderly (over the age of 62) or disabled and have lived only in RI for the past 3 years)

When submitting your completed application, please include a copy of the following information that applies to all members of the household listed on your application.

- Birth Certificate** (for all household members)
- Social Security Card** (for all household members)
- Photo ID** (for all household members 18 years of age and older)
- Citizenship Status** (if applicable, for all household members)
- All current sources of Income**, including but not limited to:  
Social Security, SSI, DHS, Pensions, Veterans Administration, FIP, TDI,  
Employment, Unemployment, Worker Compensation, etc...
- All current sources of Assets**, including but not limited to:  
Bank Account Statements (checking, savings, CD's, 401K), Direct Express account  
balance, Home appraisal / value, Whole Life Insurance policies, etc...

Once we receive the completed application, you will be notified regarding your initial eligibility status. There are other qualifying criteria which are described in our Tenant Selection Plan. We will review these with you during your interview.

To determine your rent payment, we will need to independently verify all of your income and assets, as well as any qualified deductions (medical, disability or child care expenses).

Any application that is not fully completed, cannot be processed.

Again, thank you for contacting Ferland Property Management. Please contact us at (401) 728-4000 with any questions.

Sincerely,  
Ferland Property Management

Ferland Property Management policies, practices and decisions do not discriminate against any person due to race, color, national origin, religion, disability, familial or minor children status, sex, marital status, sexual orientation, gender identity or expression, age, status as a victim of domestic violence, housing status, military status, lawful source of income or any other protected class.





## **NOTICE TO APPLICANTS**

The following developments known as:

- ✓ Coats Manor Apartments
- ✓ Hagan Manor Apartments
- ✓ Parkway Towers Apartments

(the “Developments”) have adopted an “elderly preference” in accordance with applicable law. Except for those units reserved for occupancy only by disabled families or individuals who are neither elderly nor near-elderly, which units are not affected by the elderly preference, a family in which the head of household, co-head or spouse is at least sixty-two (62) years of age shall be granted preference on a waiting list when a unit becomes available.

Aside from the elderly preference, all other existing policies regarding applications for occupancy of a unit of the Developments, including without limitation those policies regarding income ranges and chronological application dates, shall remain in effect.

This does not mean that any nonelderly applicant is ineligible to occupy a unit of the Developments. Any nonelderly applicant is, however, currently ineligible for the elderly preference.

If you have any questions about this Notice, you may contact the management office at the number listed below.

Sincerely,

Ferland Property Management

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558 SMITHFIELD AVENUE  
PAWTUCKET, RI 02860  
Tel: (401) 728-4000  
Fax: (401) 365-1317  
[www.FerlandCorp.com](http://www.FerlandCorp.com)

**SUBSIDIZED & LIHTC  
HOUSING RENTAL  
APPLICATION** (Rev. 9/2024)



**Each Applicant of Legal Age must  
complete a separate Application.**

Name of Development: \_\_\_\_\_

Number of Bedrooms desired: \_\_\_\_\_

If you or any member of your household require a unit with a special design feature, please check the appropriate box:

Mobility     Vision     Hearing     Other: \_\_\_\_\_

Ferland provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. Ferland will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services, and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit: changes to policies, practices, procedures; and mitigating circumstances. Ferland provides people whose primary language is not English and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its program and activities.

Applicant Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

ARE YOU OF LEGAL AGE? Yes <input type="checkbox"/> No <input type="checkbox"/>	ARE YOU OVER THE AGE OF 62? Yes <input type="checkbox"/> No <input type="checkbox"/>	ARE YOU A LEGAL RESIDENT OF THE U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	IF NO, ALIEN REGISTRATION NUMBER: _____
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PLEASE LIST ALL PERSONS THAT WILL OCCUPY THE APARTMENT (use additional sheets if necessary):

NAME	SS #	GENDER	RELATIONSHIP
1 _____			Head of Household
2 _____			
3 _____			
4 _____			
5 _____			
6 _____			

Is anyone not disclosing a social security number due to the fact that they do not contend eligible immigration status, or they were age 62 or older as of 1/31/2010 and initial determination of eligibility was begun before 1/31/2010? No  Yes  If Yes, who? \_\_\_\_\_

PLEASE PROVIDE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (use additional sheets if necessary). If Landlord History is not available to be verified, please provide 2 Character Reference letters recommending you for residency from a local professional on their Company letterhead.

CURRENT STREET ADDRESS: _____	APT #: _____	CITY: _____	STATE: _____	ZIP: _____
OWN HOME: Yes <input type="checkbox"/> No <input type="checkbox"/>	IF YES, APPROX VALUE: _____	BALANCE OWED: _____	IF NO, LANDLORD NAME: _____	ADDRESS: _____
LANDLORD PHONE NUMBER: _____	LENGTH OF RESIDENCE: _____	RENT PAID PER MO: _____	UTILITIES: _____	LEASE EXPIRATION: _____

PREVIOUS STREET ADDRESS: _____	APT #: _____	CITY: _____	STATE: _____	ZIP: _____
OWN HOME: Yes <input type="checkbox"/> No <input type="checkbox"/>	IF YES, APPROX VALUE: _____	BALANCE OWED: _____	IF NO, LANDLORD NAME: _____	ADDRESS: _____
LANDLORD PHONE NUMBER: _____	LENGTH OF RESIDENCE: _____	RENT PAID PER MO: _____	UTILITIES: _____	LEASE EXPIRATION: _____

PREVIOUS STREET ADDRESS: _____	APT #: _____	CITY: _____	STATE: _____	ZIP: _____
OWN HOME: Yes <input type="checkbox"/> No <input type="checkbox"/>	IF YES, APPROX VALUE: _____	BALANCE OWED: _____	IF NO, LANDLORD NAME: _____	ADDRESS: _____
LANDLORD PHONE NUMBER: _____	LENGTH OF RESIDENCE: _____	RENT PAID PER MO: _____	UTILITIES: _____	LEASE EXPIRATION: _____

List all the States that you and any member of your Household have resided previously: \_\_\_\_\_

Have you ever been convicted, pleaded guilty, or received a sentence in connection with a crime? Yes  No

If Yes, please explain: \_\_\_\_\_

Are you or any member of the Household subject to a Lifetime Sex Offender Registration in any State? Yes  No

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, PHA and any owner (or any employee of HUD, PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, PHA or owner responsible for the unauthorized disclosure or improper use.

**PLEASE PROVIDE ALL SOURCES OF INCOME THAT YOUR HOUSEHOLD RECEIVES (use additional sheets if necessary):**

HOUSEHOLD MEMBER:	EMPLOYER:	EMPLOYER ADDRESS:
EMP TELEPHONE NUMBER:	EMP FAX NUMBER:	SUPERVISOR NAME:
		LENGTH OF EMPLOYMENT:
		ANNUAL WAGES:

  

HOUSEHOLD MEMBER:	BENEFITS RECEIVED:
	<input type="checkbox"/> Social Security/SSI <input type="checkbox"/> DHS <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other:
SS# FOR CLAIMED BENEFITS:	MONTHLY GROSS AMOUNT:

  

HOUSEHOLD MEMBER:	PENSION BENEFITS RECEIVED:	ACCOUNT #:
SS# FOR CLAIMED BENEFITS:	MONTHLY GROSS AMOUNT:	

  

HOUSEHOLD MEMBER:	OTHER INCOME RECEIVED:	MONTHLY GROSS AMOUNT:

**PLEASE PROVIDE ALL SOURCES OF ASSETS / BANK ACCOUNTS FOR YOUR HOUSEHOLD (use additional sheets if necessary):**

BANK / FINANCIAL INSTITUTION:	TYPE OF ACCOUNT:	ESTIMATED VALUE:
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	

  

BANK / FINANCIAL INSTITUTION:	TYPE OF ACCOUNT:	ESTIMATED VALUE:
	<input type="checkbox"/> Mutual Funds <input type="checkbox"/> IRA's <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds	

  

BANK / FINANCIAL INSTITUTION:	TYPE OF ACCOUNT:	ESTIMATED VALUE:
	<input type="checkbox"/> Whole Life Insurance	

  

BANK / FINANCIAL INSTITUTION:	TYPE OF ACCOUNT:	ESTIMATED VALUE:
	<input type="checkbox"/> Other:	

Have you or any member of your Household disposed of any Assets for less than the fair market value?

No  Yes  If Yes, please describe: \_\_\_\_\_

Student Status: Are you or any member of your Household enrolled in an Institute of Higher Education?

No  Yes  If Yes, please indicate where: \_\_\_\_\_

Will all the people in the household be or have been full-time students during five (5) calendar months of this year or plan to be in the next calendar year? No  Yes  If Yes, please complete the attached LIHTC Student Status Affidavit.

Do you own a Vehicle? No  Yes  If Yes, Make: \_\_\_\_\_ Model: \_\_\_\_\_ Reg. #: \_\_\_\_\_

Do you have a Pet? No  Yes  If Yes, Type: \_\_\_\_\_

How did you hear about these Apartments? \_\_\_\_\_

The following information is required by the Federal Government to monitor the owner's compliance with Equal Housing Opportunity and Fair Housing Laws. The Law provides that an applicant may not be discriminated against on the basis of the information supplied below, or whether or not the information is furnished.

**Check all that are applicable:**

- |  |  |
|--|--|
| <input type="checkbox"/> Homeless  | <input type="checkbox"/> Person permanently disabled                         |
| <input type="checkbox"/> Person displaced by natural disaster                    | <input type="checkbox"/> Person living in substandard housing                |
| <input type="checkbox"/> Person displaced by public action                       | <input type="checkbox"/> Person living in overcrowded conditions             |
| <input type="checkbox"/> Person displaced by private action beyond their control | <input type="checkbox"/> Person paying rent greatly in excess of their means |

**Race/National Origin:**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> I do not wish to furnish this information |

**AN AGGRIEVED PERSON MAY FILE A COMPLAINT OF A HOUSING DISCRIMINATION ACT WITH:**

Rhode Island Housing  
44 Washington Street, Providence, RI 02903  
Tel: (401) 457-1234

U.S. Department of Housing & Urban Development  
One Weybosset Hill, 4<sup>th</sup> Floor, Providence, RI 02903  
Tel: (401) 277-8300

This application does not guarantee occupancy. Additional information may be requested to process your application. Your signature gives written consent to Ferland to verify information in this application. A false statement or misrepresentation on your application will affect approval for residency.

Applicant - Do Not Write Below This Line \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR MANAGEMENT USE ONLY:**

Date and Time of Completed Application: \_\_\_\_\_ Unit Size: \_\_\_\_\_

Estimated Annual Income: \_\_\_\_\_ Mgr initials: \_\_\_\_\_

**LIHTC Program Student Status Affidavit**

Under Section 42 of the Internal Revenue Code (IRC), the IRS identifies a “student” as an individual (regardless of age) who during any five calendar months of a calendar year (5 calendar months do not need to be consecutive) is a full-time student at an educational organization. The determination of full or part-time student status is based on the criteria used by the educational institution the student is attending. **Full-time student households are ineligible for occupancy at a tax credit property unless they meet an exception.** All household members age 18 and older must each complete this form at time of application and at each recertification.

Property: \_\_\_\_\_

Applicant/Tenant Name: \_\_\_\_\_

Unit # and address: \_\_\_\_\_

___ Application	Effective Date: _____
___ Move-In	Effective Date: _____
___ Annual Recertification	Effective Date: _____

**Will all of the persons in your household be or have been full-time students during five calendar months of the certification year?**  Yes  No

**If YES, then is anyone in your household:**

- A student and receiving AFDC/TANF?  Yes  No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act?  Yes  No
- A student enrolled in a job training program under the Job Training Partnership Act (federal, state or local)?  Yes  No
- A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependants of another individual other than a parent?  Yes  No
- Married and file a joint return  Yes  No

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this housing Program.

_____ (Tenant Signature)	_____ Date
_____ (Co- Tenant Signature)	_____ Date
_____ (Co- Tenant Signature)	_____ Date
_____ (Co-Tenant Signature)	_____ Date

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violations of these provisions are cited as violations of 42 USC \*\*408 (a) (6), (7) and (8).\*\*



## APPLICANT CONSENT TO TENANT SCREENING

I authorize Ferland Property Management to investigate the information provided by me or about me in connection with my application to lease a rental home or apartment from Ferland Property Management (the "Landlord"). I personally completed the application form and/or reviewed and confirmed all information provided on the completed application. I hereby certify and declare that all of the information provided by me in connection with my application to lease an apartment or continue leasing an apartment from Ferland Property Management (the "Landlord") is true and correct.

An investigation by RentGrow, Inc. dba Yardi Resident Screening ("YRS") may be completed to include assembly and merger of my credit, criminal, and eviction records. I understand and acknowledge that YRS furnishes consumer reports to property and apartment community managers, and does not itself approve or deny applicants.

My signature below authorizes all entities listed on the application to lease a rental home or apartment from Ferland Property Management (the "Landlord") to release Landlord history, Employment verification, Credit, Criminal, and Eviction record information.

Printed Name of Applicant: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*If there are multiple applicants, each person must provide consent below.*

Printed Name of Co-Applicant: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Additional Co-Applicant: \_\_\_\_\_

Additional Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Additional Co-Applicant: \_\_\_\_\_

Additional Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



STATE OF RHODE ISLAND  
OFFICE OF THE ATTORNEY GENERAL

4 Howard Avenue • Cranston, RI 02920  
(401) 274-4400 • www.riag.ri.gov

*Peter F. Neronha*  
*Attorney General*

Full Name of Applicant: \_\_\_\_\_

Maiden Name / other names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

I \_\_\_\_\_ (print full name) hereby direct and authorize the Bureau of Criminal Identification and Investigation of the Rhode Island Department of the Attorney General to make available to \_\_\_\_\_ (name of entity) any State of Rhode Island criminal record, including a record of any State or local arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Bureau of Criminal Identification and Investigation in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description whatsoever, arising from any release of criminal records and requests therefrom, against the State of Rhode Island, Bureau of Criminal Identification and Investigation, the Attorney General, and employees of the Department of Attorney General in both law and equity which I may have now or in the future.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me in the City of \_\_\_\_\_ State of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

**Note: Copy of photo identification with date of birth must accompany this Release.  
If Record is to be MAILED, please provide an addressed, stamped envelope.**